



Massachusetts Department of Environmental Protection
 Bureau of Waste Prevention
Semi-Annual Compliance Monitoring
Summary and Certification

SSEIS Number _____

FMF Facility Number _____

Transmittal Number _____

Application Number _____

FMF R.O. Number _____

SIC Code(s) _____

Pursuant to 310 CMR 7.00 Appendix C(10)(h), the Semi-Annual Compliance Certification must be certified by the responsible official. Failure to provide accurate information in this report may result in civil and/or criminal penalties according to 310 CMR 7.01(2).

Additional information regarding the report and documentation listed below must be kept on file for at least 5 years and be made available to the Department upon request as required by 310 CMR 7.00 Appendix C(10).

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

**Facility Information**

Name _____

Street Address _____

City _____

State _____

Zip Code _____

Telephone Number _____

Facility Contact Person _____

Contact person's title _____

Semi-Annual Compliance Certification

Reporting Period (Provide Inclusive Dates)

From _____

To _____

1. ☐ During the entire reporting period, no deviations from the Operating Permit requirements or any other terms or conditions occurred. If yes, submit only this page.
2. ☐ During the entire reporting period, there were deviations and;
 - 2a. ☐ All deviations reported previously
 - 2b. ☐ One or more deviation(s) were not previously reported as required. Attach appropriate Deviation Report(s) and supporting documentation.

I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individual immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. I am aware that additional information may be requested.

Name of Responsible Official _____

Title _____

Signature of Responsible Official _____

Phone Number _____

Date _____

By Signing This Form You are Certifying to Page

Through Page

Air Operating Permit Semi-Annual Monitoring Summary

Emission Unit Identification Table 1.

| EU No. | Description of Emission Unit | EU Design Capacity | Pollution Control Device |
|--------|------------------------------|--------------------|--------------------------|
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Emission Limits/Restrictions Table 3.

| EU No. | Fuel/Raw Material | Pollutant | Restrictions | Applicable Regulation and/or Approval No. | Deviation? | | Deviation Previously Reported? | | Date(s) Previously Reported | Returned to Compliance? | | Proposed Date of Return to Compliance | Corrective Action Plan Filed? | | | Comments (Including Date of Return to Compliance) |
|--------|-------------------|-----------|--------------|---|------------|---|--------------------------------|---|-----------------------------|-------------------------|---|---------------------------------------|-------------------------------|---|-----|---|
| | | | | | Y | N | Y | N | | Y | N | | Y | N | NR* | |
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* Not required

Air Operating Permit Semi-Annual Monitoring Summary

Monitoring/Testing Table 4.

| EU No. | Monitoring/Testing Requirements | Deviation? | | Deviation Previously Reported? | | Date(s) Previously Reported | Returned to Compliance? | | Proposed Date of Return to Compliance | Corrective Action Plan Filed? | | | Comments (Including Date of Return to Compliance) |
|--------|---------------------------------|------------|---|--------------------------------|---|-----------------------------|-------------------------|---|---------------------------------------|-------------------------------|---|----|---|
| | | Y | N | Y | N | | Y | N | | Y | N | NR | |
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Record Keeping Table 5.

| EU No. | Record Keeping Requirements | Deviation? | | Deviation Previously Reported? | | Date(s) Previously Reported | Returned to Compliance? | | Proposed Date of Return to Compliance | Corrective Action Plan Filed? | | | Comments (Including Date of Return to Compliance) |
|--------|-----------------------------|------------|---|--------------------------------|---|-----------------------------|-------------------------|---|---------------------------------------|-------------------------------|---|----|---|
| | | Y | N | Y | N | | Y | N | | Y | N | NR | |
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Air Operating Permit Semi-Annual Monitoring Summary

Reporting Table 6.

| EU No. | Reporting Requirements | Deviation? | | Deviation Previously Reported? | | Date(s) Previously Reported | Returned to Compliance? | | Proposed Date of Return to Compliance | Corrective Action Plan Filed? | | | Comments (Including Date of Return to Compliance) |
|--------|------------------------|------------|---|--------------------------------|---|-----------------------------|-------------------------|---|---------------------------------------|-------------------------------|---|----|---|
| | | Y | N | Y | N | | Y | N | | Y | N | NR | |
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Special Terms and Conditions

| EU No. | Special Term/Conditions | Deviation? | | Deviation Previously Reported? | | Date(s) Previously Reported | Returned to Compliance? | | Proposed Date of Return to Compliance | Corrective Action Plan Filed? | | | Comments (Including Date of Return to Compliance) |
|--------|-------------------------|------------|---|--------------------------------|---|-----------------------------|-------------------------|---|---------------------------------------|-------------------------------|---|----|---|
| | | Y | N | Y | N | | Y | N | | Y | N | NR | |
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Air Operating Permit Semi-Annual Monitoring Summary

| Alternative Operating Scenarios | | | | | | | | | | | | | |
|---------------------------------|--------------------------------|------------|---|--------------------------------|---|-----------------------------|-------------------------|---|---------------------------------------|-------------------------------|---|----|---|
| EU No. | Alternative Operating Scenario | Deviation? | | Deviation Previously Reported? | | Date(s) Previously Reported | Returned to Compliance? | | Proposed Date of Return to Compliance | Corrective Action Plan Filed? | | | Comments (Including Date of Return to Compliance) |
| | | Y | N | Y | N | | Y | N | | Y | N | NR | |
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| Emissions Trading | | | | | | | | | | | | | |
|-------------------|-------------------|------------|---|--------------------------------|---|-----------------------------|-------------------------|---|---------------------------------------|-------------------------------|---|----|---|
| EU No. | Emissions Trading | Deviation? | | Deviation Previously Reported? | | Date(s) Previously Reported | Returned to Compliance? | | Proposed Date of Return to Compliance | Corrective Action Plan Filed? | | | Comments (Including Date of Return to Compliance) |
| | | Y | N | Y | N | | Y | N | | Y | N | NR | |
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